COUNTRYSIDE HOME 1130 COLLINS ROAD

1130	COLLINS	ROAD
TE EEE	TDQOM	

JEFFERSON	53549	Phone: (920) 674-3170	)	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/03):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	120	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	/03:	118	Average Daily Census:	120

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ફ ફ		7.6 33.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	•	7.6 9.3	More Than 4 Years	39.0
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)	34.7 13.6		34.7	•	80.5
Adult Day Care	No		0.0		39.0	*****************	*****
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	0.8	95 & Over 	9.3		
Home Delivered Meals	No	Fractures	3.4		100.0		
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 		RNs	6.2
Referral Service	No	Diabetes	1.7		웅	•	11.9
Other Services	No	Respiratory	7.6			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	8.5		28.8	· ·	50.7
Mentally Ill	No	<u> </u>			71.2		
Provide Day Programming for Developmentally Disabled	No		100.0	   	100.0		

## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other		]	Private Pay	•		amily Care			anaged Care			
Level of Care	No.	ે ે	Per Diem (\$)	No.	ફ	Per Diem (\$)	No.	용	Per Diem (\$)	No.	양	Per Diem (\$)	No.	%	Per Diem (\$)	No.	용	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	11.8	238	0	0.0	0	0	0.0	0	2	1.7
Skilled Care	8	100.0	307	89	95.7	112	0	0.0	0	15	88.2	199	0	0.0	0	0	0.0	0	112	94.9
Intermediate				4	4.3	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		9.3	100.0		0	0.0		17	100.0		0	0.0		0	0.0		118	100.0

COUNTRYSIDE HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	12.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	5.1		51.7	43.2	118
Other Nursing Homes	8.1	Dressing	5.1		51.7	43.2	118
Acute Care Hospitals	67.7	Transferring	22.9		44.9	32.2	118
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.9		45.8	37.3	118
Rehabilitation Hospitals	0.0	Eating	54.2		28.0	17.8	118
Other Locations	11.3	*****	******	*****	*****	******	****
otal Number of Admissions	62	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Resp	iratory Care	6.8
Private Home/No Home Health	9.6	Occ/Freq. Incontine	nt of Bladder	70.3	Receiving Trac	heostomy Care	0.8
Private Home/With Home Health	6.8	Occ/Freq. Incontine	nt of Bowel	46.6	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	-			Receiving Osto		1.7
Acute Care Hospitals	15.1	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.4	Receiving Mech	anically Altered Diets	38.1
Rehabilitation Hospitals	0.0				_	-	
Other Locations	2.7	Skin Care			Other Resident C	haracteristics	
Deaths	65.8	With Pressure Sores		7.6	Have Advance D	irectives	76.3
otal Number of Discharges		With Rashes		1.7	Medications		
(Including Deaths)	73				Receiving Psyc	hoactive Drugs	72.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	*****	* * * * * * *	****	*****	****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	양	Ratio	용	Ratio	왕	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.4	88.1	0.87	87.2	0.88	88.1	0.87	87.4	0.87
Current Residents from In-County	82.2	55.3	1.49	78.9	1.04	69.7	1.18	76.7	1.07
Admissions from In-County, Still Residing	51.6	26.8	1.93	23.1	2.23	21.4	2.41	19.6	2.63
Admissions/Average Daily Census	51.7	57.4	0.90	115.9	0.45	109.6	0.47	141.3	0.37
Discharges/Average Daily Census	60.8	59.7	1.02	117.7	0.52	111.3	0.55	142.5	0.43
Discharges To Private Residence/Average Daily Census	10.0	17.8	0.56	46.3	0.22	42.9	0.23	61.6	0.16
Residents Receiving Skilled Care	96.6	85.9	1.12	96.5	1.00	92.4	1.05	88.1	1.10
Residents Aged 65 and Older	92.4	88.5	1.04	93.3	0.99	93.1	0.99	87.8	1.05
Title 19 (Medicaid) Funded Residents	78.8	76.4	1.03	68.3	1.15	68.8	1.15	65.9	1.20
Private Pay Funded Residents	14.4	18.1	0.80	19.3	0.74	20.5	0.70	21.0	0.69
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	48.3	47.1	1.03	39.6	1.22	38.2	1.27	33.6	1.44
General Medical Service Residents	8.5	21.1	0.40	21.6	0.39	21.9	0.39	20.6	0.41
Impaired ADL (Mean)	57.3	44.7	1.28	50.4	1.14	48.0	1.19	49.4	1.16
Psychological Problems	72.0	62.8	1.15	55.3	1.30	54.9	1.31	57.4	1.26
Nursing Care Required (Mean)	7.4	7.8	0.95	7.4	1.00	7.3	1.02	7.3	1.01